

Name of Event: \_\_\_\_\_

Dates of Event: \_\_\_\_\_



LIABILITY RELEASE

1. I hereby give my permission for \_\_\_\_\_ to attend this event affiliated with Gillionville Baptist Church. Print participant's name. Participant is  myself (18 or older) or  my son/daughter

2. I agree not to hold Gillionville Baptist Church, the staff of Gillionville Baptist Church, or the volunteer chaperones personally or corporately liable for any injury or death that any occur during said event. This includes travel to and from said event and all time in between.

3. I have heard, understand, and agree with the policy of supervision of my son/daughter during the said event. All questions have been answered to my satisfaction.

EMERGENCY MEDICAL AUTHORIZATION

PERSONAL INFORMATION

Full Name of Participant:(please print)\_\_\_\_\_

Date of Birth:\_\_\_/\_\_\_/\_\_\_ Age:\_\_\_  Male or  Female (please check one)

Phone Number(s): \_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

VERY IMPORTANT
Please attach a copy of your insurance card to this form. (Front and back of your card)

PERSONS TO CONTACT IN CASE OF EMERGENCY:

- 1. Name:\_\_\_\_\_ Day Phone:\_\_\_\_\_ Evening Phone:\_\_\_\_\_ Relationship to Participant:\_\_\_\_\_
2. Name:\_\_\_\_\_ Day Phone:\_\_\_\_\_ Evening Phone:\_\_\_\_\_ Relationship to Participant:\_\_\_\_\_

MEDICAL INFORMATION

Last Tetanus shot:\_\_\_/\_\_\_/\_\_\_(Please give specific month and year)

List any known allergies:\_\_\_\_\_

List any medical conditions:\_\_\_\_\_

In the event of a medical emergency. I hereby constitute and appoint the designee, an authorized representative of Gillionville Baptist Church, as my attorney-in-fact to perform all acts involving any necessary medical treatment for the participant named above. This includes, but is not limited to, requesting, authorizing and securing the services of a licensed physician to administer any medical treatment which such doctor deems necessary or advisable for the medical care of the participant; transporting or arranging transportation for the participant to an adequate medical facility; signing medical authorizations, informed consent (s), hospital admission records, and any other written instruments necessary for the participant to receive necessary medical treatment; and, to do all of said acts in my name, place and stead, I do hereby ratify and confirm all acts performed by said designee. I also authorize medically appropriate emergency care to preserve the life or limbs of the participant if otherwise qualified medical assistance is not available. I agree to be responsible for all charges incurred in the treatment or the participant, including but not limited to, ambulance fees, doctor fees, and hospital charges. I hereby waive the right to hold Gillionville Baptist Church and it's representatives legally responsible in the exercise of the authorizations given herein.

ATTENTION: MUST SIGN IN FRONT OF NOTARY PUBLIC!

By signing this form, I am stating that I have read and understand the Liability Release and the Emergency Medical Authorization Portions of this form and have filled them out to the best of my ability and am signing below in agreement.

Signature of Parent (If participant is age 17 or younger)\_\_\_\_\_ Date\_\_\_\_\_

Signature of Participant (If participant is age 18 or older)\_\_\_\_\_ Date\_\_\_\_\_

Notary Public Signature & Seal\_\_\_\_\_ Date\_\_\_\_\_